Performance Outcomes & Quality Improvement (POQI)

Data Dictionary

for the

Youth Services Survey for Youth (YSS)

> ***As of the May 2007 Data Collection Period:***
> **New data elements are highlighted in grey.**
> **Some previous data elements have been reordered.**
> **As a result, column positioning has changed.**

Table of Contents

For more information visit the DMH Performance Outcomes and Quality Improvement (POQI) Web Page at:

http://www.dmh.ca.gov/poqi/

Youth Services Survey for Youth

YSS.txt

Field Name	Type	Column Position		Width	Description	Format/Coding
		Start	End			
ADMINISTRATIVE DATA						
COUNTYID	text	1	2	2	County identifier (i.e., county code) *county/city submitting record*	01 - 66 See Appendix A for codes. Prefilled on DMH TELE*form* forms
CCN	text	3	11	9	County client number *(CSI equivalent)*	9 character field Right justify, use left leading zeros See Appendix B for examples
FORMTYPE	text	12	12	1	Age specific form	Y = Youth Prefilled on DMH TELE*form* forms
FORMLANG	text	13	14	2	Language of instrument	See Appendix C for codes Prefilled on DMH TELE*form* forms
REASON	text	15	15	1	If the instrument is not completed, the PRIMARY reason must be indicated.	1 = Refused (consumer refused to complete) 2 = Impairment (e.g., cognitive) 3 = Language (i.e., form not available in consumer's preferred language) 4 = Other
SRVYDATE	text	16	23	8	Date of survey administration **NOTE: This field is returned to counties in the format: yyyymmdd**	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples.
*COUNTY1	text	24	25	2	County Question #1	* This item is not required by DMH. If used, data will be collected and returned to counties for their use.
*COUNTY2	text	26	27	2	County Question #2	* This item is not required by DMH. If used, data will be collected and returned to counties for their use.
*COUNTY3	text	28	29	2	County Question #3	* This item is not required by DMH. If used, data will be collected and returned to counties for their use.
REPTUNIT	text	30	37	8	Reporting Unit	* This item is not required by DMH. If used, data will be collected and returned to counties for their use.

Field Name	Type	Column Position	Width	Description	Format/Coding
CONSUMER PERCEPTION SURVEY					
Youth Services Survey for Youth (YSS) Questions					
SATSVCS	numeric	38	38	1	YSS_01. Overall, I am satisfied with the services I received.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
CHOOSVCS	numeric	39	39	1	YSS_02. I helped to choose my services.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
CHOOSTX	numeric	40	40	1	YSS_03. I helped to choose my treatment goals.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
NOMATTER	numeric	41	41	1	YSS_04. The people helping me stuck with me no matter what.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
TRBLTALK	numeric	42	42	1	YSS_05. I felt I had someone to talk to when I was troubled.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing

Field Name	Type	Column Position	Width	Description	Format/Coding
PARTICTX	numeric	43	43	1	YSS_06. I participated in my own treatment.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
RIGHTSVC	numeric	44	44	1	YSS_07. The services I received were right for me.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
LOCATION	numeric	45	45	1	YSS _08. The location of services was convenient for me.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
TIMEGOOD	numeric	46	46	1	YSS _09. Services were available at times that were convenient for me.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
HELPWANT	numeric	47	47	1	YSS_10. I got the help I wanted.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
HELPNEED	numeric	48	48	1	YSS_11. I got as much help as I needed.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing

Field Name	Type	Column Position	Width	Description	Format/Coding
RESPECT	numeric	49	49	1	YSS _12. Staff treated me with respect.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
RELIGION	numeric	50	50	1	YSS _13. Staff respected my religious / spiritual beliefs.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
UNDERSTD	numeric	51	51	1	YSS _14. Staff spoke with me in a way that I understood.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
CULTURE	numeric	52	52	1	YSS _15. Staff were sensitive to my cultural / ethnic background.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
DAILYLIF	numeric	53	53	1	YSS _16. As a result of the services I received, I am better at handling daily life.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
BETTRFAM	numeric	54	54	1	YSS_17. As a result of the services I received, I get along better with family members.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing

Field Name	Type	Column Position	Width	Description	Format/Coding
BETTRFRN	numeric	55	55	1	YSS_18. As a result of the services I received, I get along better with friends and other people.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
BETTRSCH	numeric	56	56	1	YSS_19. As a result of the services I received, I am doing better in school and / or work.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
COPE	numeric	57	57	1	YSS_20. As a result of the services I received, I am better able to cope when things go wrong.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
SATFAMLY	numeric	58	58	1	YSS_21. As a result of the services I received, I am satisfied with my family life right now.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
DOWANTS	numeric	59	59	1	YSS_22. As a result of the services I received, I am better able to do things I want to do.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
LISTEN	numeric	60	60	1	YSS_23. As a result of the services I received, I know people who will listen and understand me when I need to talk.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing

Field Name	Type	Column Position	Width	Description	Format/Coding
COMFTALK	numeric	61	61	1	YSS_24. As a result of the services I received, I have people that I am comfortable talking with about my problem(s).	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
SUPPORT	numeric	62	62	1	YSS_25. As a result of the services I received, in a crisis, I would have the support I need from family or friends.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
DOTHINGS	numeric	63	63	1	YSS_26. As a result of the services I received, I have people with whom I can do enjoyable things.	1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing
*COMMENTS	*	*	*	*	YSS_27. What has been the most helpful thing about the services you received over the last 6 months?	* This item is not reported to DMH and is for county use only
*COMMENTS	*	*	*	*	YSS_28. What would improve the services here?	* This item is not reported to DMH and is for county use only
*COMMENTS	*	*	*	*	YSS_29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.	* This item is not reported to DMH and is for county use only
CONSUMER BACKGROUND					
PARENT	text	64	64	1	1. Have you lived in any of the following places in the last 6 months? (Mark all that apply.): With one or both parents	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
FAMLYMEM	text	65	65	1	1. Have you lived in any of the following places in the last 6 months? (Mark all that apply.): With another family member	0 = No (bubble not filled in) 1 = Yes (bubble filled in)

Field Name	Type	Column Position	Width	Description	Format/Coding
FOSTERHM	text	66	66	1	1. Have you lived in any of the following places in the last 6 months? (Mark all that apply.): Foster home	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
THERAPEUTIC	text	67	67	1	1. Have you lived in any of the following places in the last 6 months? (Mark all that apply.): Therapeutic foster home	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
SHELTER	text	68	68	1	1. Have you lived in any of the following places in the last 6 months? (Mark all that apply.): Crisis shelter	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
HOMESHELT	text	69	69	1	1. Have you lived in any of the following places in the last 6 months? (Mark all that apply.): Homeless shelter	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
GROUPHM	text	70	70	1	1. Have you lived in any of the following places in the last 6 months? (Mark all that apply.): Group home	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
RESIDENTX	text	71	71	1	1. Have you lived in any of the following places in the last 6 months? (Mark all that apply.): Residential treatment center	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
HOSPITAL	text	72	72	1	1. Have you lived in any of the following places in the last 6 months? (Mark all that apply.): Hospital	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
JAIL	text	73	73	1	1. Have you lived in any of the following places in the last 6 months? (Mark all that apply.): Local jail or detention facility	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
CORRECTIONS	text	74	74	1	1. Have you lived in any of the following places in the last 6 months? (Mark all that apply.): State correctional facility	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
HOMELESS	text	75	75	1	1. Have you lived in any of the following places in the last 6 months? (Mark all that apply.): Runaway / homeless / on the streets	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
LIVEOTHER	text	76	76	1	1. Have you lived in any of the following places in the last 6 months? (Mark all that apply.): Other (describe)	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
* WHERE	*	*	*	*	Follow-up to LIVEOTHER above – Where lived?	* This item is not reported to DMH and is for county use only

Field Name	Type	Column Position	Width	Description	Format/Coding
DOCTOR	text	77	77	1	2. In the last year, did you see a medical doctor (or nurse) for a health check-up or because you were sick? (Check one.)	1 = Yes, in a clinic or office 2 = Yes, but only in a hospital emergency room 3 = No 4 = Do not remember 9 = Missing
MEDS	text	78	78	1	3. Are you on medication for emotional / behavioral problems?	0 = No 1 = Yes 9 = Missing
MEDEFFECT	text	79	79	1	3a. If yes, did the doctor or nurse tell you what side effects to watch for?	0 = No 1 = Yes 9 = Missing
HOWLONG	text	80	80	1	4. Approximately, how long have you received services here?	1 = This is my first visit here 2 = > 1 visit, but < one month 3 = 1 to 2 months 4 = 3 to 5 months 5 = 6 months to 1 year 6 = More than 1 year 9 = Missing
LES12AREST	text	81	81	1	5. Were you arrested since beginning to receive mental health services?	0 = No 1 = Yes 9 = Missing
LES12PSTAREST	text	82	82	1	6. Were you arrested during the 12 months prior to that?	0 = No 1 = Yes 9 = Missing
LES12POLICE	text	83	83	1	7. Since you began to receive mental health services, have your encounters with the police:	1 = Been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program) 2 = Stayed the same 3 = Increased 8 = Not applicable (they had no police encounters this year or last year) 9 = Missing
LES12EXPSUS	text	84	84	1	8. Were you expelled or suspended since beginning services?	0 = No 1 = Yes 9 = Missing
LES12PSTEXPSUS	text	85	85	1	9. Were you expelled or suspended during the 12 months prior to that?	0 = No 1 = Yes 9 = Missing

Field Name	Type	Column Position	Width	Description	Format/Coding
LES12SCHOL	text	86	86	1	10. Since starting to receive services, the number of days you were in school is:	1 = Greater 2 = About the same 3 = Less 8 = Does not apply (please select why this does not apply) 9 = Missing
LES12SCHOLRES	text	87	87	1	10. Since starting to receive services, the number of days you were in school is: Please select why this does not apply	1 = I did not have a problem with attendance before starting services 3 = I was expelled from school 4 = I am home schooled 5 = I dropped out of school 6 = Other 9 = Missing
* OTHER REASON	*	*	*	*	Follow-up to LES12SCHOLRES above – Other reason?	* This item is not reported to DMH and is for county use only
MOR12AREST	text	88	88	1	11. Were you arrested during the last 12 months?	0 = No 1 = Yes 9 = Missing
MOR12PSTAREST	text	89	89	1	12. Were you arrested during the 12 months prior to that?	0 = No 1 = Yes 9 = Missing
MOR12POLICE	text	90	90	1	13. Over the last year, have your encounters with the police:	1 = Been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program) 2 = Stayed the same 3 = Increased 8 = Not applicable (they had no police encounters this year or last year) 9 = Missing
MOR12EXPSUS	text	91	91	1	14. Were you expelled or suspended during the last 12 months?	0 = No 1 = Yes 9 = Missing
MOR12PSTEXPSUS	text	92	92	1	15. Were you expelled or suspended during the 12 months prior to that?	0 = No 1 = Yes 9 = Missing
MOR12SCHOL	text	93	93	1	16. Over the last year, the number of days you were in school is:	1 = Greater 2 = About the same 3 = Less 8 = Does not apply (please select why this does not apply) 9 = Missing

Field Name	Type	Column Position	Width	Description	Format/Coding
MOR12SCHOLRES	text	94	94	1	16. Over the last year, the number of days you were in school is: Please select why this does not apply	1 = I did not have a problem with attendance before starting services 3 = I was expelled from school 4 = I am home schooled 5 = I dropped out of school 6 = Other 9 = Missing
* OTHER REASON	*	*	*	*	Follow-up to MOR12SCHOLRES above – Other reason?	* This item is not reported to DMH and is for county use only
GENDER	text	95	95	1	17. What is your gender?	F = Female M = Male O = Other 9 = Unknown / Missing
HISPANIC	text	96	96	1	18. Are you of Mexican / Hispanic / Latino origin?	0 = No 1 = Yes 9 = Unknown / Missing
AMERIND	text	97	97	1	19. Is your race American Indian / Alaskan Native?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
ASIAN	text	98	98	1	19. Is your race Asian?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
BLACK	text	99	99	1	19. Is your race Black / African American?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
PACISLND	text	100	100	1	19. Is your race Native Hawaiian / Other Pacific Islander?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
WHITE	text	101	101	1	19. Is your race White / Caucasian?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
OTHERACE	text	102	102	1	19. Is your race Other?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
UNKRACE	text	103	103	1	19. Is your race Unknown?	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
DOB	text	104	111	8	20. What is your date of birth? **NOTE: This field is returned to counties in the format: *yyyymmdd***	mmddyyyy *(leading zeros; no placeholders)* See Appendix B for examples.
MEDICAID	text	112	112	1	21. Do you have Medi-Cal (Medicaid) insurance?	0 = No 1 = Yes 9 = Missing
LANGPREF	text	113	113	1	22. Were the services you received provided in the language you prefer?	0 = No 1 = Yes 9 = Missing

Field Name	Type	Column Position	Width	Description	Format/Coding
WRITTEN	text	114	114	1	23. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer?	0 = No 1 = Yes 9 = Missing
NOHELP	text	115	115	1	24. I did not need any help.	0 = I did need help (bubble not filled in) 1 = I did *not* need any help (bubble filled in)
VOLUNTER	text	116	116	1	24. A mental health advocate / volunteer helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
OTHCONSM	text	117	117	1	24. Another mental health consumer helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
FAMEMHLP	text	118	118	1	24. A member of my family helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
PROFINT	text	119	119	1	24. A professional interviewer helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
CLINICIN	text	120	120	1	24. My clinician / case manager helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
STAFFMEM	text	121	121	1	24. A staff member other than my clinician or case manager helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
OTHELP	text	122	122	1	24. Someone else helped me.	0 = No (bubble not filled in) 1 = Yes (bubble filled in)
* WHO	*	*	*	*	Follow-up to OTHELP above - Who helped?	* This item is not reported to DMH and is for county use only
SOURCEDATE	text	123	130	8	Indicates the first day of the month for the survey period. Example for May 2007: 05/01/07	*mm/dd/yy*

Appendix A: County Codes

Code	Name	Code	Name
01	Alameda	31	Placer
02	Alpine	32	Plumas
03	Amador	33	Riverside
04	Butte	34	Sacramento
05	Calaveras	35	San Benito
06	Colusa	36	San Bernardino
07	Contra Costa	37	San Diego
08	Del Norte	38	San Francisco
09	El Dorado	39	San Joaquin
10	Fresno	40	San Luis Obispo
11	Glenn	41	San Mateo
12	Humboldt	42	Santa Barbara
13	Imperial	43	Santa Clara
14	Inyo	44	Santa Cruz
15	Kern	45	Shasta
16	Kings	46	Sierra
17	Lake	47	Siskiyou
18	Lassen	48	Solano
19	Los Angeles	49	Sonoma
20	Madera	50	Stanislaus
21	Marin	52	Tehama
22	Mariposa	53	Trinity
23	Mendocino	54	Tulare
24	Merced	55	Tuolumne
25	Modoc	56	Ventura
26	Mono	57	Yolo
27	Monterey	63	Sutter/Yuba
28	Napa	65	Berkeley City
29	Nevada	66	Tri-City
30	Orange		

Appendix B: Explanation of Data File Export Format

Data File Export Format

Counties using their own technology must convert their survey data to a standard export format before they are sent to the State (i.e., ASCII text - fixed width). The data must also be left-justified (i.e., a field value should start at the column position specified in the data dictionary and fill in the column spaces from left to right), with the exception of CCN (County Client Number) which is right-justified with leading zero's added to fill vacant columns in county client numbers with less than 9 characters. Below are a few example records which illustrate what the export format should look like.

	CCN (County Client Number)									DOB (Client Date of Birth)							
Column #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Consumer 1	0	0	Z	1	2	3	4	5	6	0	6	0	9	1	9	5	5
Consumer 2	9	8	7	6	5	4	3	2	1	1	1	1	7	1	9	6	0
Consumer 3	0	Y	7	6	5	4	3	2	1	0	0	0	0	1	9	5	5

CCN
Consumer 1 and *Consumer 3* have county client numbers which are seven and eight characters wide instead of the nine characters allocated in the Data Dictionary (county client number widths vary across counties). Notice that the field values are right-justified with leading zero's added to fill vacant columns in CCN's with less than 9 characters.

DOB
Notice for *Consumer 1 and Consumer 3* the date values in the Date of Birth columns (positions 10-17) are in the MMDDYYYY format, have leading zeros, and do *not* include placeholders. For example, for *Consumer 1* notice that columns numbered 10 and 11 (which indicate month) and columns numbered 12 and 13 (which indicate day) each have a leading zero. *Consumer 3* has an estimated year of birth and zeros for month and day of birth. This conforms to the CSI requirements regarding missing date of birth information.

When the complete date of birth is unknown, as much of the date as is known shall be reported. If nothing is known, estimate and report an approximate year of birth and use zeros for the month and day. If only the age in years is known, calculate the year of birth and use zeros for the month and day. If the year and month of birth are known, but the exact day of birth is not, report the year and month only, and use zeros for the day.

Appendix C: Language Codes

Code	Language	Instrument Availability			
		Youth	Family	Adult	Older Adult
EN	English	√	√	√	√
SP	Spanish	√	√	√	√
VI	Vietnamese				
CH	Chinese	√	√	√	√
RU	Russian	√	√	√	√
CM	Cambodian				
FA	Farsi				
HM	Hmong				
AR	Armenian				
TG	Tagalog	√	√	√	√
KO	Korean	√	√	√	√
MN	Mien				
OT	Other				
99	Missing / Not Reported				

Appendix D: Information Technology Web Services

The following information is for counties intending to collect survey data on their own (not using DMH provided technology options) and intending to upload their data (via internet) to DMH using the Information Technology Web Services (ITWS). The ITWS provides a secure environment for the transfer of confidential data. Counties will need to identify a single contact to upload their data. Counties that are not authorized to use this system will need to obtain authorization. To obtain authorization, please visit the DMH ITWS website at http://www.dmh.ca.gov and click on the "ITWS" menu option. At this site, you will find information on the function of the ITWS and how to begin enrollment. If you have any questions regarding the enrollment process for the ITWS, you may call the DMH ITWS Help Desk at (916) 654-3117.

Once the Youth Services Survey for Families text files are formatted according to the data dictionary specifications, the process for submission is as follows:

- All text files MUST be zipped.
- Zipped files do not need to be password encrypted since ITWS is a secure site.
- Zipped files MUST be named according to the following convention: CPODSccYYYYMM#SUBMITTAL.ZIP

  - CPODS = Child / Youth Performance Outcomes Data System
  - cc = County code
  - YYYYMM = Four digit year and two digit month that data were due
  - # = Submittal sequence number (1 to 9). Each file with a new YYYYMM will have a submittal number of "1." Anytime you have to resubmit this file during the same reporting period (most likely due to errors), the submittal number will increase by 1. The word "SUBMITTAL" must follow this number. For example, a file for the Child / Youth Performance Outcomes Data System due on July 13, 2007 would be named: CPODS992007071SUBMITTAL.ZIP. If there is an error with this file and the file must be resubmitted with corrections, the new file will be named CPODS992007072SUBMITTAL.ZIP. You will notice the submittal number is now "2" since this is the second submission for the July 2007 deadline.

For technical questions related to the ITWS, please call the DMH ITWS Help Desk at (916) 654-3117.